

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Trinity Family Practice & Urgent Care PLLC

2. All other names debtor used in the last 8 years Trinity Family Practice & Urgent Care LLC

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 8 3 - 0 6 6 9 7 7 2

4. Debtor's address

Principal place of business

6100 Eastridge Rd.

Number Street

Odessa, TX 79762

City State ZIP Code

Ector

County

Mailing address, if different from principal place of business

Number Street

PO Box Box 14925

P.O. Box

Odessa, TX 79768

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) trinityhealthodessa.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 1**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known _____

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/23/2023
MM/ DD/ YYYY

X/s/ Jason Payne

Signature of authorized representative of debtor

Jason Payne

Printed name

Title Partner**18. Signature of attorney****X**/s/ Robert C Lane

Signature of attorney for debtor

Date 06/23/2023

MM/ DD/ YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

Official Form 201A (12/15)

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is .

2. The following financial data is the latest available information and refers to the debtor's condition on .

a. Total assets	\$63,154.30
b. Total debts (including debts listed in 2.c., below)	\$517,021.66
c. Debt securities held by more than 500 holders	

Approximate
number of
holders:

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

d. Number of shares of preferred stock

e. Number of shares common stock

Comments, if any:

3. Brief description of debtor's business

Provide medical care

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/23/2023
MM/ DD/ YYYY

X/s/ Jason Payne

Signature of individual signing on behalf of debtor

Jason Payne

Printed name

Partner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Allegran, Inc. 5 Giralda Farms Madison, NJ 07940						\$20,671.91
2	American Momentum Bank f/k/a Security Bank 1 Momentum Blvd College Station, TX 77845		SBA Loan				\$336,340.80
3	McKesson Specialty Care Distribution 15212 Collections Center Drive Chicago, IL 60693						\$9,457.95
4	Merz North America, Inc. 6501 Six Forks Road Raleigh, NC 27615						\$7,230.00
5	U.S. Small Business Administration 1545 Hawkins Blvd 202 El Paso, TX 79925		EIDL Loan				\$143,321.00
6							
7							
8							

Debtor Trinity Family Practice & Urgent Care PLLC

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 American Momentum BankChecking account4627\$38.973.2 American Momentum BankSavings account0019\$7,188.52

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,227.49

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 Rent (Rampart Texas, LLC)\$7,151.91

Debtor Trinity Family Practice & Urgent Care PLLC

Name

Case number (if known) _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

In house medication and medical supplies	<u>MM / DD / YYYY</u>	<u>\$5,000.00</u>	<u>Fair Market Value</u>	<u>\$1,000.00</u>
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23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$1,000.00**24. Is any of the property listed in Part 5 perishable?**☐ No☒ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

Debtor Trinity Family Practice & Urgent Care PLLC

Name

Case number (if known) _____

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?☒ No. Go to Part 7.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops — either planted or harvested

None

29. Farm animals *Examples: Livestock, poultry, farm-raised fish*

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7:** Office furniture, fixtures, and equipment; and collectibles

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

39.1 <u>Filing Cabinets (2)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$300.00</u>
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Additional Page Total - See continuation page for additional entries			<u>\$2,025.00</u>
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40. Office fixtures

None

41. Office equipment, including all computer equipment and communication systems equipment and software

41.1 <u>Computers (8)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$3,000.00</u>
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Additional Page Total - See continuation page for additional entries			<u>\$12,800.00</u>
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42. Collectibles Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

None

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

\$18,125.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

None

48. Watercraft, trailers, motors, and related accessories *Examples:*
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

49. Aircraft and accessories

None

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

None

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

\$0.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real Property****54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**General description**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest****55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

None

56. Total of Part 9

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No☐ Yes**Part 10:** Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.☒ Yes. Fill in the information below.**General description****Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of debtor's
interest**

60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

61.1 trinityhealthodessa.com(Unknown)Fair Market Value\$1.00

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

None

64. Other intangibles, or intellectual property

None

65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor Trinity Family Practice & Urgent Care PLLC

Case number (if known) _____

Name

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

- ☒ No. Go to Part 12.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**71. Notes receivable**

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed Examples: Season tickets, country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor Trinity Family Practice & Urgent Care PLLC
Name _____

Case number (if known) _____

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$7,227.49</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$8,788.83</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$28,011.98</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$1,000.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. Copy line 43, Part 7.	<u>\$18,125.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 56, Part 9.....		→ <u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$1.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$63,154.30</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$63,154.30</u>

Debtor Trinity Family Practice & Urgent Care PLLC
Name _____

Case number (if known) _____

Additional Page

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture - <i>Continued</i>			
39.2 <u>Tables (1)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$25.00</u>
39.3 <u>Desks (3)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$1,000.00</u>
39.4 <u>Chairs (30)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$1,000.00</u>
41. Office equipment - <i>Continued</i>			
41.2 <u>Monitors (10)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$2,000.00</u>
41.3 <u>Phones (6)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$200.00</u>
41.4 <u>Printer (3)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$300.00</u>
41.5 <u>Copiers (1)</u>	<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$300.00</u>
41.6 <u>2019 PAXIS 100 Universal X-ray</u>	<u>\$67,758.19</u>	<u>Fair market value</u>	<u>\$10,000.00</u>

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLCUnited States Bankruptcy Court for the: Western District of Texas
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

American Momentum Bank f/k/a
Security Bank

Describe debtor's property that is subject to a lien

\$336,340.80unknown

Creditor's mailing address

1 Momentum BlvdCollege Station, TX 77845

Describe the lien

SBA Loan

Creditor's email address, if known

Is the creditor an insider or related party?

Date debt was incurred 11.09/2018

- ☒ No
☐ Yes

Last 4 digits of account number

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$479,661.80

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

Part 1: Additional Page*Column A***Amount of claim**Do not deduct the value
of collateral.*Column B***Value of collateral
that supports this
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2.2 Creditor's name <u>U.S. Small Business Administration</u>	Describe debtor's property that is subject to a lien	<u>\$143,321.00</u>	<u>unknown</u>
Creditor's mailing address <u>1545 Hawkins Blvd 202</u> <u>El Paso, TX 79925</u>	 		
Creditor's email address, if known 	Describe the lien <u>EIDL Loan</u>		
Date debt was incurred <u>05/22/2020</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Trinity Family Practice & Urgent Care PLLC
Name _____

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Lennox Law, P.A.		
5100 W. Kennedy Blvd Suite 120	Line 2. <u>1</u>	_____
Tampa, FL 33609		
U.S. Small Business Administration		
Lubbock District Office	Line 2. <u>1</u>	_____
1205 Texas Avenue Room 408		
Lubbock, TX 79401		
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)**☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1****Priority creditor's name and mailing address**

Date or dates debt was incurred

Last 4 digits of account number _____**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) _____**As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

Is the claim subject to offset?☐ No☐ Yes**Total claim****Priority amount**

2.2**Priority creditor's name and mailing address**

Date or dates debt was incurred

Last 4 digits of account number _____**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) _____**As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

Is the claim subject to offset?☐ No☐ Yes

Debtor Trinity Family Practice & Urgent Care PLLC

Case number (if known) _____

Name

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim**3.1** Nonpriority creditor's name and mailing addressAllegran, Inc.5 Giralda FarmsMadison, NJ 07940

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$20,671.91**3.2** Nonpriority creditor's name and mailing addressJason and Laura Payne6100 Eastridge RoadOdessa, TX 79762

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Loan to Business

Is the claim subject to offset?

☒ No☐ Yesunknown**3.3** Nonpriority creditor's name and mailing addressMcKesson Specialty Care Distribution15212 Collections Center DriveChicago, IL 60693

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$9,457.95**3.4** Nonpriority creditor's name and mailing addressMerz North America, Inc.6501 Six Forks RoadRaleigh, NC 27615Date or dates debt was incurred 05/09/2022

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$7,230.00

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.**If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Creditors Adjustment Bureau P.O. Box 5932 Sherman Oaks, CA 91413	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2	Law Offices of Kenneth J. Freed 4340 Fulton Ave. P.O. Box 5914 Third Floor Sherman Oaks, CA 91413	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3	McKesson Specialty Health 401 Mason Rd. La Vergne, TN 37086	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1	5a.	<u>\$0.00</u>
5b. Total claims from Part 2	5b. +	<u>\$37,359.86</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<u>\$37,359.86</u>

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>6110 Eastridge Road</u> <u>Contract to be ASSUMED</u>	<u>Rampart Texas, LLC</u> <u>800 Industrial Blvd Suite 100</u> <u>Grapevine, TX 76051</u>
	State the term remaining	<u>35 months</u>	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the: Western District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Payne, Jason</u>	<u>6100 Eastridge Road</u> Street <u>Odessa, TX 79762</u> City State ZIP Code	<u>Rampart Texas, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2 <u>Payne, Laura</u>	<u>6100 Eastridge Road</u> Street <u>Odessa, TX 79762</u> City State ZIP Code	<u>Rampart Texas, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Trinity Family Practice & Urgent Care PLLC
Name _____

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	_____ Street _____ _____ City State ZIP Code	_____ 	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$63,154.30**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$63,154.30**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$479,661.80**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$37,359.86**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$517,021.66

Fill in this information to identify the case:

Debtor name Trinity Family Practice & Urgent Care PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date
MM/ DD/ YYYY☒ Operating a business\$408,513.67☐ Other _____

For prior year:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$1,203,604.01☐ Other _____

For the year before that:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$1,407,787.00☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY

Trinity Family Practice & Urgent Care PLLC

Name

Case number (if known)

Part 2:
List Certain Transfers Made Before Filing for Bankruptcy

3.
Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐
None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
<div> <div>3.1.</div> <div> <div>Rampart Texas, LLC</div> <div>Creditor's name</div> </div> <div> <div>800 Industrial Blvd Suite 100</div> <div>Street</div> </div> <div> <div></div> <div></div> </div> <div> <div>Grapevine, TX 76051</div> <div>CityStateZIP Code</div> </div> </div>	<div> <div>March 2023</div> <div>April 2023</div> <div>May 2023</div> </div>	<div> <div>\$22,709.14</div> </div>	<div> <div> <input type="checkbox"/> Secured debt </div> <div> <input type="checkbox"/> Unsecured loan repayments </div> <div> <input type="checkbox"/> Suppliers or vendors </div> <div> <input type="checkbox"/> Services </div> <div> <input checked="" type="checkbox"/> Other Rent </div> </div>

4.
Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐
None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
<div> <div>4.1.</div> <div> <div>Payne, Jason</div> <div>Creditor's name</div> </div> <div> <div>6100 Eastridge Road</div> <div>Street</div> </div> <div> <div></div> <div></div> </div> <div> <div>Odessa, TX 79762</div> <div>CityStateZIP Code</div> </div> <div> <div>Relationship to debtor</div> <div>Partner</div> </div> </div>	<div> <div>July 2022</div> <div>August 2022</div> <div>September 2022</div> <div>October 2022</div> <div>November 2022</div> <div>December 2022</div> <div>January 2023</div> <div>February 2023</div> <div>March 2023</div> <div>April 2023</div> <div>May 2023</div> </div>	<div> <div>\$37,138.49</div> </div>	<div> <div>Paystubs</div> <div></div> <div></div> </div>

Name

4.2.

Payne, Jason

Creditor's name

6100 Eastridge Road

Street

Odessa, TX 79762

City

State

ZIP Code

Relationship to debtor

Partner

May 2023

\$450.00

Auto Expenses

June

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

5.1.

Creditor's name

Street

City

State

ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

Street

City

State

ZIP Code

XXXX- _ _ _ _

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Trinity Family Practice & Urgent Care PLLC

Case number (if known)

Name

7.1.

Case title

Nature of case

Court or agency's name and address

Status of case

Name

☐ Pending

☐ On appeal

☐ Concluded

Case number

Street

City State ZIP Code

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.

Custodian's name and address

Description of the property

Value

Custodian's name

Street

City State ZIP Code

Case title

Court name and address

Name

Case number

Street

Date of order or assignment

City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

Recipient's name

Street

City State ZIP Code

Recipient's relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor

Trinity Family Practice & Urgent Care PLLC

Case number (if known)

Name

Description of the property lost and how the loss occurred

Amount of payments received for the loss

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Date of loss

Value of property lost

10.1.

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
The Lane Law Firm	Attorney's Fee	5/9/2023	\$30,000.00
Address	Attorney's Fee	06/01/2023	\$5,000.00
6200 Savoy Dr Ste 1150 Street			
Houston, TX 77036-3369 City State ZIP Code			
Email or website address			
billing@lanelaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee			

Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<div>Address</div> <div>Street</div> <div>CityStateZIP Code</div> <div>Relationship to debtor</div>				

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	Street	FromTo
	CityStateZIP Code	

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
—diagnosing or treating injury, deformity, or disease, or
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Name

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>Trinity Family Practice & Urgent Care PLLC</u> Facility name <u>6100 Eastridge Road</u> Street <u>Odessa, TX 79762</u> City State ZIP Code	<u>Urgent Care</u> Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>Athena System</u>	<u>1000+</u> How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained. Medical Records
- Does the debtor have a privacy policy about that information?
- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: ____ - ____ - ____
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ _____ City State ZIP Code	XXXX- ____ - ____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

■ **Hazardous material** means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	_____	_____	<input type="checkbox"/> Pending
Case number	Name _____	_____	<input type="checkbox"/> On appeal
_____	Street _____	_____	<input type="checkbox"/> Concluded
_____	_____	_____	
_____	City _____ State _____ ZIP Code _____	_____	

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
_____	_____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
_____	_____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Name

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

25.1.

Name

Street

City State ZIP Code

EIN: _ _ - _ _ _ _ _

Dates business existed

From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1.

David Baker PC

From 01/01/2018 To Present

Name

4912 N. Midkiff Road

Street

Midland, TX 79705

City State ZIP Code

Name and address

Dates of service

26a.2.

Debbie Eason

From 01/01/2018 To Present

Name

P. O. Box 687

Street

Mineral Wells, TX 76068

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1.

Debbie Eason

From 01/01/2018 To Present

Name

P. O. Box 687

Street

Mineral Wells, TX 76068

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Laura Payne

Name

6100 Eastridge Road

Street

Odessa, TX 79762

City State ZIP Code

Debtor Trinity Family Practice & Urgent Care PLLC

Case number (if known)

Name

Name and address**If any books of account and records are unavailable, explain why**

26c.2.

Debbie Eason

Name

P. O. Box 687

Street

Mineral Wells, TX 76068

City

State

ZIP Code

26d.

List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jason Payne	6100 Eastridge Road Odessa, TX 79762	Partner,	51.00%
Laura Payne	6100 Eastridge Road Odessa, TX 79762	Partner,	49.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

Debtor Trinity Family Practice & Urgent Care PLLC
Name

Case number (if known)

From _____
To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. Payne, Jason \$4,838.61 July 2022 Paystubs
Name
6100 Eastridge Road \$3,225.74 August 2022
Street \$3,225.74 September 2022
Odessa, TX 79762 \$3,225.74 October 2022
City State ZIP Code \$3,225.74 November 2022
Relationship to debtor \$4,838.61 December 2022
Partner \$3,235.18 January 2023
\$3,235.18 February 2023
\$1,617.59 March 2023
\$3,235.18 April 2023
\$3,235.18 May 2023

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.2. Payne, Jason \$225.00 May 2023 Auto Expenses
Name \$225.00 June 2023
6100 Eastridge Road
Street
Odessa, TX 79762
City State ZIP Code
Relationship to debtor
Partner

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund Employer Identification number of the pension fund

EIN: _____

Name

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/23/2023
MM/ DD/ YYYY

X /s/ Jason Payne
Signature of individual signing on behalf of the debtor

Printed name Jason Payne

Position or relationship to debtor Partner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Western District of Texas

In re Trinity Family Practice & Urgent Care PLLC

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$42,500.00

Prior to the filing of this statement I have received \$35,000.00

Balance Due \$7,500.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/23/2023

Date

/s/ Robert C Lane

Robert C Lane

Signature of Attorney

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

Name of law firm

ALLEGHAN, INC.
5 GIRALDA FARMS
MADISON, NJ 07940

AMERICAN MOMENTUM BANK
F/K/A SECURITY BANK
1 MOMENTUM BLVD
COLLEGE STATION, TX 77845

CREDITORS ADJUSTMENT
BUREAU
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SHERMAN OAKS, CA 91413

JASON AND LAURA PAYNE
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ODESSA, TX 79762

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U.S. SMALL BUSINESS
ADMINISTRATION
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EL PASO, TX 79925

U.S. SMALL BUSINESS
ADMINISTRATION
LUBBOCK DISTRICT OFFICE
1205 TEXAS AVENUE ROOM 408
LUBBOCK, TX 79401

**IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
MIDLAND DIVISION**

IN RE: **Trinity Family Practice & Urgent Care
PLLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/23/2023 Signature /s/ Jason Payne
Jason Payne, Partner